

## CLAIMS ONLY

Application Number

16815565

Filing Date

**Applicant(s)**

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
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47						
48						
49						
50						
Total						
Indep						
Depend						
Total						
Claims						

4

16

20

* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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Claims						